

Form CPF M 102: Campaign Finance Report **Municipal Form**

GREENFIELD, MASS

Office of Campaign and Political Finance

2022 JAN -3 PM 3: 14

CONTROL OF THE CONTRO	File with: City or Town Clerk or Election Commiss
Fill in Reporting Period dates: Beginning Date:	October 16, 2021 Ending Date: December 2, 2021
Type of Report: (Check one)	
Sun day preceding prenumary Sun day preceding elec-	ction 30 day after election year-end report dissolution
Glenn Johnson-Mussad	
Candidate Full Name (if applicable)	Committee Name
School Committee	
Office Sought and District	Name of Committee Treasurer
20 Myers Farm Rd. Greenfield, MA 01301 Residential Address	Committee Mailing Address
E-mail: glenn@glennwjohnson.com	E-mail:
Phone # (optional): 413-522-5409	Phone # (optional):
SUMMARY BAI	LANCE INFORMATION:
Line 1: Ending Balance from previous repo	ort 393.25
Line 2: Total receipts this period (page 3, li	line 11) 3027.44
Line 3: Subtotal (line 1 plus line 2)	3420.69
Line 4: Total expenditures this period (page	ge 5, line 14) 1191.94
Line 5: Ending Balance (line 3 minus line 4	4) 2228.75
Line 6: Total in-kind contributions this peri	riod (page 6) 0
Line 7: Total (all) outstanding liabilities (pa	
Line 8: Name of bank(s) used: Greenfield Sa	avings Bank
inance activity of all persons acting under the authority or on behalf of this com-	Data
signed under the penalties of perjury:	(1) casurer s signature)
curvity, of all persons acting under the authority of on behalf of this committee any liabilities nor made any expenditures on my behalf during this Candidate without Committee I certify that I have examined this report including attached schedules and it	it is, to the best of my knowledge and belief, a true and complete statement of all campaign finar littee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions reporting period that are not otherwise disclosed in this report. It is, to the best of my knowledge and belief, a true and complete statement of all campaign unsements, in-kind contributions and liabilities for this reporting period and represents the
Ma	- Musea (Candidate's signature) Date: 13 300)



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Type of Report: (Check one) Sth day preceding preliminary Sth day preceding election 2 30 day after election year-end report dissolution	Fill in Reporting Period dates:	Beginning Date: Oc	tober 16, 20			r Town Clerk or E ember 2, 2021	
Glenn Johnson-Mussad School Committee Office Sought and District Office Sought and District Office Sought and District Residential Address E-mail: glenn@glennwjohnson.com Phone # (optional): Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Greenfield Savings Bank Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box only) Candidate with Committee Lentify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box only) Candidate with Committee Lentify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions. Sous, receips, expenditures, disbursements, in-kind contributions and liabilities for this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions. Sous, receips, expenditures, disbursements, in-k	Type of Report: (Check one)						
Candidate Full Name (if applicable) School Committee Office Sought and District Committee Mailing Address E-mail: glenn@glennwjohnsen.com Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Jacob Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Greenfield Savings Bank Affidavit of Committee Treasurer: certify that 1 have examined this raport including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of Al C.L. c. 55. Signed under the penalties of perjury: Candidate with Committee Committee Name Name of Committee Name Name of Committee Name Summary (project (page 8) Line 4: Total expenditures this period (page 6) O Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Greenfield Savings Bank Affidavit of Committee Treasurer: certify that 1 have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any constitutions in accordance with the requirements of M.G.L. c. 55. I have not received any constitutions in accordance with the requirements of M.G.L. c. 55. I have not received any constitutions in the proviment of the contributions and liabilities for this report inc	8th day preceding preliminary	8th day preceding election	▼ 30 day	after election	year-en	d report	dissolution
School Committee Office Sought and District Office Sought and District Residential Address Residential Address Genn@glennwgohnson.com Phone # (optional): 413-522-5409 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Jago 27-44 Line 3: Subtotal (line 1 plus line 2) Jago 20-44 Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Greenfield Savings Bank Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.C.L. c. 55. Candidate with Committee Candidate with Committee Candidate with Committee Candidate with Committee Candidate with Committee Treasurer on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions and tabilities for this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions and liabilities for this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign in activity, including committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions and liabilities for this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign infinance activity, includi							
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Residential Address E-mail: glenn@glennwjohnson.com Phone # (optional): 413-522-5409 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 393.25 Line 2: Total receipts this period (page 3, line 11) 3027.44 Line 3: Subtotal (line 1 plus line 2) 3420.69 Line 4: Total expenditures this period (page 5, line 14) 1191.94 Line 5: Ending Balance (line 3 minus line 4) 2228.75 Line 6: Total in-kind contributions this period (page 6) 0 Line 7: Total (all) outstanding liabilities (page 7) 1125.63 Line 8: Name of bank(s) used: Greenfield Savings Bank Wildavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance certify of all persons acting under the authority or on behalf of this committee in accordance with the requirements of knowledge and represents the campaign increases and the contributions and liabilities for this committee of the contributions and liabilities for this committee in accordance with the requirements of MGL e. 55. Candidate with Committee Lectify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of MGL e. 55. Candidate with Committee Lectify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign of activity, of all persons acting under the authority or on behalf during this reporting period that are not otherwise disclosed in this report including attached schedules and it is, to the feat of my knowledge and belief, a true and complete statement of all campaign of activity, of all persons acting under the authority or on behalf during this reporting period dhat are not otherwise disclosed and		strict		Nan	ne of Committee	Treasurer	
Phone # (optional):	20 Myers Farm Rd. Greenfield, MA 01301						
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Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Jago 27.44 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Greenfield Savings Bank Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: Candidate with Committee Candidate with Committee Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disolicies, at true and complete statement of all campaign incurred my liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise and belief, a true and complete statement of all campaign incurred my liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise and belief, a true and complete statement of all campaign incurred my liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise and belief, a true and complete statement of all campaign incurred my liabilities nor made any expenditures on my behalf during this reporting period that are	Phone # (optional): 413-5	22-5409	Phone # ((optional):			
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Date:	campaign finance activity of all persons acting u	nder the authority or on behalf of	this candidate is	n accordance with the	requirements of	M.G.L. c. 55.	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

- Topott mix receiptor	lease include your committee name and a p	age number on ea	
Date Received	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
10/19	Glen Ayers 254 Davis Street Greenfield, MA 01301	100.00	
11/8	Stan Bernstein 22 Myers Farm Lane Greenfield, MA 01301	60.00	
10/25	Theodora Clarke 20 Pine Street #901 New York NY 10005	100.00	
10/20	Karin Clough 14a Duncan Drive South Deerfield MA 01373	100.00	
10/19	Dennis Coffey 28 Woolworth Street Longmeadow MA 01106	100.00	
10/25	Darcy Eikenberg 3794 Cracker Way Bonita Springs FL 34134	100.00	
11/27	William Johnson Jr. 140 Main Rd. Monterey, MA 01245	100.00	
10/20	Glenn Johnson-Mussad 20 Myers Farm Rd. Greenfield, MA 01301	911.44 (LOAN)	
11/8	Rebecca King 12 Myers Farm Rd. Greenfield, MA 01301	60.00	
11/15	John McDermott 571 W215th St. Apt E2 New York NY 10034	150.00	
10/20	Emir Mussad 9736 Water Oak Drive Fairfax, VA 22031	100.00	
11/27	Mike Penn-Strah 68 Crescent St GREENFIELD MA 01301	100.00	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
10/25	Karen Renaud 4 Atkins Ln Provincetown MA 02657	100.00	
11/2	Alanna Rosenberg 15 Kensington Road Arlington MA 02476	100.00	
10/25	Michael Skillicorn 37 Gregory Ln Florence MA 01062	65.00	
11/15	Sue Weeks 322 Adams Road Greenfield, MA 01301	100.00	
Line 9: Total Rece	cipts over \$50 (or listed above)	2346.44	
	eipts \$50 and under* (not listed above)	681	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	3027.44	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expen	ditures. Please include your comn	nittee name and a page number on	each page.)	
	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10/25/2021	ActBlue	366 Summer St. Somerville, MA 02144	Fees for online collection of dona tions	59.57
10/21/2021	Campaign to Elect Elizabeth DeN eeves	58 Smead Hill Rd. Greenfield, M A 01301	Campaign contribution	100.00
11/2/2021	Hope & Olive	44 Hope St. Greenfield, MA 0130	gift cards for volunteers	75.00
10/21/2021	Committee to Elect Kathryn Mart ini	c/o Katherine Golub, 34 Glenbro ok Dr. Greenfield, MA 01301	Campaign contribution	100.00
10/26/2021	USPS	442 Main St., Greenfield, MA 01 301	Stamps for mailing	580.00
		Line 12: Total Expenditures over	er \$50 (or listed above)	914.57
		Line 13: Total Expenditures \$50	and under* (not listed above)	277.37
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	1191.94

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

SCHEDULE B. EXI ENDITURES (continueu)					
Date Paid	To Whom Paid	A d.daa	D		
Date Palu	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
Line 12: Expenditures over \$50 (or listed above)					
Line 13: Expenditures \$50 and under* (not listed above)					
Ente 13. Experiences \$30 and under (not risted above)					
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/12/2021	Glenn Johnson-Mussad	20 Myers Farm Lane Greenfield, MA 01301	Website (Stohen), printing (Mille nium) and \$1 donation at checko ut.	214.19
10/20/2021	Glenn Johnson-Mussad	20 Meyer Farm Lane Greenfield, MA 01301	Printing, election celebration, no n-profit donation, hotel cancellat ion fee	911.44
	Enter on page 1 line 7	Line 18. TOTAL OUTST	ANDING LIABILITIES (ALL)	1125.63